

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 321 E. Huisache San Antonio TX 78212		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 26 Rogers Wood San Antonio TX 78216		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 16 / 04 7 / 1 / 04		
11 ELECTION	ELECTION DATE Month Day Year N/A / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special N/A
12 OFFICE	OFFICE HELD (if any) None		13 OFFICE SOUGHT (if known)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name None		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code N/A		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Robert S. Perez

16 ACCOUNT # (Ethics Commission files)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

NA

COMMITTEE ADDRESS

NA

COMMITTEE CAMPAIGN TREASURER NAME

NA

COMMITTEE CAMPAIGN TREASURER ADDRESS

NA

☐ additional pages

2004 JUL 16 A 10:05

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 4,643.77

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

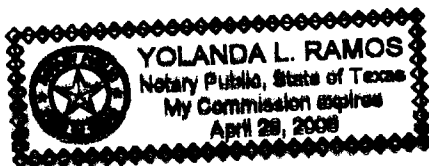
\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert S. Perez, this the 15th day of July, 2004, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Yolanda L. Ramos

Printed name of officer administering oath

Notary Public

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 5

2 FILER NAME

B. PEREZ

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

THOMAS LARRECDE Campaign

7 Amount (\$)

1/20/04

6 Payee address; City; State; Zip Code

10030 Silver Park San Antonio TX 78254

200.00

8 Purpose of payment (See instructions regarding type of information required.)

Contribution

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

TRAVIS Park United Methodist Church

Payee address; City; State; Zip Code

1/21/04

230 E. TRAVIS St. SAN Antonio TX 78205

Amount (\$)
2004 JUL 16 3:00:05
RECEIVED
CITY OF SAN ANTONIO
CLERK

Purpose of payment (See instructions regarding type of information required.)

Donation to Homeless Clothing Fund

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

St. Margaret Mary

Payee address; City; State; Zip Code

1/27/04

1314 FAIR AVE San Antonio, TX 782

Amount (\$)

250.00

Purpose of payment (See instructions regarding type of information required.)

Donation to Building Fund

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 5

2 FILER NAME

B. Perez

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name

Sign Tech

7 Amount (\$)**6** Payee address; City; State; Zip Code

2/17/04

16539 County Rd San Antonio, TX

\$ 916.00

8 Purpose of payment (See instructions regarding type of information required.)

In kind contribution for political AD

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

SAN ANTONIO LIVESTOCK EXPOSITION

Payee address; City; State; Zip Code

2/19/04

SAN ANTONIO TEXAS

Amount (\$)

200.00

8 Purpose of payment (See instructions regarding type of information required.)

Scholarship Fundraiser

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

St Cecilia's Catholic Church

Payee address; City; State; Zip Code

2/17/04

118 Lowell St. San Antonio, TX

Amount (\$)

100.00

8 Purpose of payment (See instructions regarding type of information required.)

Fundraising Event

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Rolando Gutierrez Campaign

Payee address; City; State; Zip Code

3/9/04

603 Urban Loop San Antonio TX 78205

Amount (\$)

500.00

8 Purpose of payment (See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 5

2 FILER NAME

B Lopez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

John Courage Campaign

7 Amount (\$)

6 Payee address; City; State; Zip Code

3/23/04

San Antonio TX

RECEIVED
CITY OF SAN ANTONIO
OFFICE OF THE CLERK
2004 APR 19 A 10:15
\$ 250.00

8 Purpose of payment (See instructions regarding type of information required.)

Political Contribution

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought

Date

Payee name

Justin Rodriguez Campaign

Payee address; City; State; Zip Code

3/23/04

111 Soledad San Antonio TX 78205

Amount (\$)

250.00

Purpose of payment (See instructions regarding type of information required.)

Pol. Contribution

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Hispanic Chamber of Commerce

Payee address; City; State; Zip Code

5/19/04

100 W Houston St San Antonio TX 78205

Amount (\$)

\$ 500.00

Purpose of payment (See instructions regarding type of information required.)

Education Training Initiative

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Chip Harass Campaign

Payee address; City; State; Zip Code

3/28/04

Market Plaza San Antonio TX 78205

Amount (\$)

500.00

Purpose of payment (See instructions regarding type of information required.)

Pol contribution

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 of 5

2 FILER NAME

B Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Alic Salas

7 Amount (\$)

6 Payee address; City; State; Zip Code

6/9/04

442 Mary Louise San Antonio TX 78201

\$ 60.00

8 Purpose of payment (See instructions regarding type of information required.)

Party Supplies for Political event

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Exxon Mobile

Payee address; City; State; Zip Code

6/15/04

San Antonio, TX 78201

Amount (\$)

\$ 27.77

Purpose of payment (See instructions regarding type of information required.)

Muscle. tires for event + fuel expenses

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

LA Trivido United Methodist Church

Payee address; City; State; Zip Code

7/2/04

So. Pecos San Antonio TX 78205

Amount (\$)

\$ 40.00

Purpose of payment (See instructions regarding type of information required.)

Contribution to Youth Event

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Rou Segovia Campaign

Payee address; City; State; Zip Code

6/25/04

MAIN PLAZA San Antonio TX 78205

Amount (\$)

\$ 300.00

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

6

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount (\$)

4/14/04

6 Payee address; City; State; Zip Code

Southwest School of Arts & Crafts

San Antonio, TX 78205

\$250.00

8 Purpose of payment (See instructions regarding type of information required.)

Fundraising donation

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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